#### OFFICE OF THE STATE CONTROLLER

# STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2003-11

## STANDARDS BASED ACCOUNTABILITY

AUGUST 11, 2003

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Standards Based Accountability program. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

On August 29, 2002, the COSM determined that California Department of Education memoranda dated June 30, 1997, and April 15, 1998, established costs mandated by the State according to the provisions listed in the attached P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

# **Eligible Claimants**

Except for community colleges, any school district, as defined in GC §17519, that was scheduled for a 1997-98 or 1998-99 coordinated compliance review, and incurred increased costs as a direct result of this mandate, is eligible to claim reimbursement of these costs.

# **Filing Deadlines**

#### **Initial Claims**

Reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred in implementing the provisions of this program are reimbursable for fiscal years 1997-98, through 1998-99 and must be filed with the SCO and be delivered or postmarked on or before **December 9, 2003.** Claims filed after the deadline will be reduced by a late penalty of 10%. **No claims are eligible to be filed subsequent to the 1998-99 fiscal year.** 

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. Claims filed more than one year after the deadline will not be accepted.

## **Minimum Claim Cost**

If the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by GC \$17564. The county superintendent of schools shall determine if the submission of a combined claim is economically feasible and shall be responsible for disbursing the funds to each school district. Combined claims may be filed only when the county is the fiscal agent for the school districts. A combined claim must show the individual claim costs for each eligible school district.

#### **Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities.

Reimbursement claims will only be reimbursed to the extent that expenditures can be supported and, if such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics. Refer to Sections IV and V of the attached P's & G's.

## **Audit of Costs**

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with the SCO's claiming instructions and the COSM's P's and G's. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC §17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

# **Retention of Claiming Instructions**

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at <a href="www.sco.ca.gov/ard/local/locreim/index.shtml">www.sco.ca.gov/ard/local/locreim/index.shtml</a>.

# **Address for Filing Claims**

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents to:

If delivered by

If delivered by

<u>U.S. Postal Service:</u> <u>Other delivery services:</u>

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting

P.O. Box 942850 3301 C Street, Suite 500 Sacramento, CA 94250 Sacramento, CA 95816

# PARAMETERS AND GUIDELINES

California Department of Education Standards-Based Accountability Memoranda dated June 30, 1997 and April 15, 1998

Standards-Based Accountability

## I. SUMMARY OF THE MANDATE

On August 29, 2002, the Commission on State Mandates (Commission) adopted its Statement of Decision by a 6-0 vote finding that California Department of Education memoranda dated June 30, 1997, and April 15, 1998, require new activities, as specified below, which constitute new programs or higher levels of service for school districts within the meaning of article XIII B, section 6, of the California Constitution, and impose costs mandated by the state pursuant to Government Code section 17514.

Specifically, the Commission approved this test claim for the increased costs of performing the following specific new activities:

For those districts scheduled for a 1997-1998 Coordinated Compliance Review, or otherwise specifically required by the state to engage in these reporting activities:

- Complete and submit to the state by November 1, 1997, the *District Assessment and Accountability System Description*, to explain the measures and methods used by the school district in assessing individual student achievement levels in reading/language arts and mathematics for the 1996-97 year.
- Complete and submit to the state by November 1, 1997, one form for each school in the district, the 1996-97 Student Achievement Summary School Report, to report the percentage of all students in each school that meet or exceed the district-established grade-level standards in reading/language arts and mathematics, and separately for students served under each of the following specially-funded programs: Title I Targeted Assistance, Migrant Education, Limited English Proficient, Special Education, and/or Gifted and Talented.

For those districts scheduled for a 1998-1999 Coordinated Compliance Review:

• Complete and submit to the state by November 1, 1998, *District Assessment and Accountability System Description*, to explain the measures and methods used by the school district in assessing individual student achievement levels in reading/language arts and mathematics for the 1997-98 year. One of the measures used shall be the STAR program.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> The STAR parameters and guidelines provide reimbursement for activities related to reporting STAR program results. STAR activities shall not be reimbursed under the *Standards-Based Accountability* program.

• Complete and submit to the state by November 1, 1998, one form for each school in the district, 1997-98 Student Achievement Summary School Report, to report the percentage of all students in each school that meet or exceed the district-established grade-level standards in reading/language arts and mathematics, and separately for students served under each of the following specially-funded programs: Title I - Targeted Assistance, Migrant Education, Limited English Proficient, Special Education, and/or Gifted and Talented.

Exception to reimbursement for some activities by Title I funded schools within districts otherwise eligible for reimbursement above:

• For Title I funded schools completing the *Student Achievement Summary School Report* for Coordinated Compliance Review years 1997-1998 and/or 1998-1999, an exception to reimbursement exists under Government Code section 17556, subdivision (c). For Title I schools, reimbursement is allowed for disaggregating the results for Gifted and Talented Education students, and for reporting on assessments for more than one grade in each of the grade spans 3-5, 6-9, and 10-12, but not for any other activities.

# II. ELIGIBLE CLAIMANTS

Any "school district," as defined in Government Code section 17519, except for community colleges, which is scheduled for a 1997-98 or 1998-99 coordinated compliance review, and incurs increased costs as a result of this mandate is eligible to claim reimbursement.

#### III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim must be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on December 10, 1998. Therefore, costs incurred on or after July 1, 1997 for compliance with the mandate are reimbursable.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions.

For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given fiscal year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

# IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under

penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5 Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Source documents for the *Standards-Based Accountability* program must include evidence that the school district was subject to the 1997-1998 and 1998-1999 Coordinated Compliance Reviews, or evidence that the California Department of Education specifically required the student performance data from that school district as part of the Department's special study.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following one-time activities are eligible for reimbursement:

- A. For those districts scheduled for a 1997-1998 Coordinated Compliance Review, or otherwise specifically required by the CDE to engage in these reporting activities:
  - 1. Complete and submit to the CDE by November 1, 1997, the *District Assessment and Accountability System Description*, to describe the measures and methods used by the school district in assessing individual student achievement levels in reading/language arts and mathematics for the 1996-97 year. The description of the measures and methods used to access individual achievement must be based on at least two of the following measures: publisher's norm- or criterion-referenced tests, performance-based assessments such as writing assessments, district-developed assessments, class grades or other teacher assessments, running records, the California Learning Record, portfolios with rubrics, skill inventories, and other valid and reliable measures.
    - Developing the measures and methods used by the school district is not reimbursable.
  - 2. Complete and submit to the CDE by November 1, 1997, one form for each school in the district, the 1996-97 Student Achievement Summary School Report, to report the percentage of all students in each school that meet or exceed the district-established grade-level standards in reading/language arts and mathematics, and separately for students served under each of the following specially-funded programs: Title I Targeted Assistance, Migrant Education, Limited English Proficient, Special Education, and/or Gifted and Talented. Completion of this form includes calculating and reporting the percentage of all students in each school that meet or exceed the standards pursuant to the formula described in the District Assessment and Accountability System Description.

Developing the measures and methods used by the school district is not reimbursable.

Exception To Reimbursement For Some Activities For Title I Funded Schools:

Title 1 funded schools completing the *Student Achievement Summary School Report for Coordinated Compliance* Review years 1997-98 and/or 1998/1990 are eligible for reimbursement for the following activities only:

• disaggregating the results for Gifted and Talented Education students; and

• reporting on assessments for more than one grade in each of the grade spans 3-5, 6-9, and 10-12, but not for any other activities.

Conducting the assessment of individual student achievement levels in reading/language arts and mathematics is not reimbursable under this mandate.

- B. For those districts scheduled for a 1998-1999 Coordinated Compliance Review:
  - 1. Complete and submit to the CDE by November 1, 1998, the *District Assessment and Accountability System Description*, to describe the measures and methods used by the school district in assessing individual student achievement levels in reading/language arts and mathematics for the 1997-98 year. This description must include steps and procedures that lead to rigor and comparability across classrooms and schools for all locally developed measures. When describing the methods and measures, school districts must:
    - a. Have at least one achievement measure each in reading/language arts and in mathematics for all students in Kindergarten and in grades 1-12 for all schools included in the reporting.
    - b. Use multiple measures (i.e., a total of two or more measures per subject area) in reading/language arts and mathematics for all students in at least one grade for each of the IASA grade spans: 3-5, 6-9, and 10-12. One of the measures used shall be the Standardized Testing and Reporting (STAR) program.<sup>2</sup>

Developing the measures and methods used by the school district is not reimbursable.

2. Complete and submit to the CDE by November 1, 1998, one form for each school in the district, 1997-98 Student Achievement Summary School Report, to report the percentage of all students in each school that meet or exceed the district-established grade-level standards in reading/language arts and mathematics, and separately for students served under each of the following specially-funded programs: Title I - Targeted Assistance, Migrant Education, Limited English Proficient, Special Education, and/or Gifted and Talented. Completion of this form includes calculating and reporting the percentage of all students in each school that meet or exceed the standards pursuant to the formula described in the District Assessment and Accountability System Description.

Developing the measures and methods used by the school district is not reimbursable.

Exception To Reimbursement For Some Activities For Title I Funded Schools:

Title 1 funded schools completing the *Student Achievement Summary School Report for Coordinated Compliance* Review years 1997-98 and/or 1998/1990 are eligible for reimbursement for the following activities only:,

- disaggregating the results for Gifted and Talented Education students; and
- reporting on assessments for more than one grade in each of the grade spans 3-5, 6-9, and 10-12, but not for any other activities.

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<sup>&</sup>lt;sup>2</sup> The STAR parameters and guidelines provide reimbursement for activities related to reporting STAR program results. STAR activities shall not be reimbursed under the *Standards-Based Accountability* program.

Conducting the assessment of individual student achievement levels in reading/language arts and mathematics is not reimbursable under this mandate.

#### V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

# A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

# 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

# 2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

#### 3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

## 4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

# 5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

#### B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter\* is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

# VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

<sup>\*</sup> This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

**State Controller's Office School Mandated Cost Manual** For State Controller Use Only **CLAIM FOR PAYMENT Program Pursuant to Government Code Section 17561** (19) Program Number 00224 (20) Date Filed . STANDARDS BASED ACCOUNTABILITY (21) LRS Input (01) Claimant Identification Number Reimbursement Claim Data (02) Claimant Name В (22) SBA-1, (04)(A)(1)(f) Ε County of Location L (23) SBA-1, (04)(A)(2)(f) Street Address or P.O. Box Suite (24) SBA-1, (04)(B)(1)(f) Ε R City State Zip Code Ε (25) SBA-1, (04)(B)(2)(f) Type of Claim **Estimated Claim Reimbursement Claim** (26) SBA-1, (06) (09) Reimbursement (03) Estimated (27) SBA-1, (07) (04) Combined (10) Combined (28) SBA-1, (09) (05) Amended (11) Amended (29) SBA-1, (10) Fiscal Year of Cost 20 / 20 20 / 20 (12)(30)**Total Claimed Amount** (07) (13)(31) Less: 10% Late Penalty, not to exceed \$1,000 (14)(32)Less: Prior Claim Payment Received (15) (33)**Net Claimed Amount** (16) (34)**Due from State** (08)(17)(35)**Due to State** (18)(36)(37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Authorized Officer Date

Title

Telephone Number E-Mail Address Ext.

Form FAM-27 (New 8/03)

(38) Name of Contact Person for Claim

Type or Print Name

# STANDARDS BASED ACCOUNTABILITY Certification Claim Form Instructions

FORM FAM-27

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form SBA-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 and supporting schedules for each fiscal year.
- (13) Enter the amount of the reimbursement claim from SBA-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred of the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor (0.10% penalty), or \$1,000, whichever is less.
- (15) If filing an actual reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount in line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g. SBA-1, (04)(A)(1)(f), means the information is located on form SBA-1, block (04)(A), line (1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process**.
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting P.O. Box 942850 Sacramento, CA 94250 Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting 3301 C Street, Suite 500 Sacramento, CA 95816

| Program    |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|
| <b>224</b> |  |  |  |  |  |  |  |

# **MANDATED COSTS**

| 224 STANDARDS-BASED ACCOUNTABILITY CLAIM SUMMARY                |  |                            |                             |                                   |               |              |  |  |
|---|--|----------------------------|-----------------------------|-----------------------------------|---------------|--------------|--|--|
| (01) Claimant   |  |                            | Rein                        | e of Claim<br>nbursement<br>mated | Fiscal Year   |              |  |  |
| Claim Statistics  |  |                            |                             |                                   |               |              |  |  |
| (03) Leave blank.   |  |                            |                             |                                   |               |              |  |  |
| Direct Costs  | Object Accounts           (a)         (b)         (c)         (d)         (e)         (f |                            |                             |                                   |               |              |  |  |
| (04)  Reimbursable  Components                                  | (a)<br>Salaries and<br>Benefits  | (b) Materials and Supplies | (c)<br>Contract<br>Services | (d)<br>Fixed<br>Assets            | (e)<br>Travel | (f)<br>Total |  |  |
| A. 1997 CCR   |  |                            |                             |                                   |               |              |  |  |
| 1. Submit DAASD   |  |                            |                             |                                   |               |              |  |  |
| 2. Submit 96-97 SASSR   |  |                            |                             |                                   |               |              |  |  |
| B. 1998 CCR   |  |                            |                             |                                   |               |              |  |  |
| Submit DAASD  |  |                            |                             |                                   |               |              |  |  |
| 2. Submit 97-98 SASSR   |  |                            |                             |                                   |               |              |  |  |
| (05) Total Direct Costs   |  |                            |                             |                                   |               |              |  |  |
|   |  |                            |                             |                                   |               |              |  |  |
| Indirect Costs  |  |                            |                             |                                   |               |              |  |  |
| (06) Indirect Cost Rate   | (06) Indirect Cost Rate [From J-380 or J-580]  |                            |                             |                                   |               |              |  |  |
| (07) Total Indirect Costs                                       | (07) Total Indirect Costs [Line (06) x line (05)(f)]                                     |                            |                             |                                   |               |              |  |  |
| (08) Total Direct and Indirect Costs [Line (05)(f) + line (07)] |  |                            |                             |                                   |               |              |  |  |
|   |  |                            |                             |                                   |               |              |  |  |
| Cost Reduction  |  |                            |                             |                                   |               |              |  |  |
| (09) Less: Offsetting Sa  | vings  |                            |                             |                                   |               |              |  |  |
| (10) Less: Other Reimb  | ursements  |                            |                             |                                   |               |              |  |  |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] |  |                            |                             |                                   |               |              |  |  |

Title 2, CCR New 8/03

# STANDARDS BASED ACCOUNTABILITY CLAIM SUMMARY Instructions

FORM SBA-1

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form SBA-1 must be filed for a reimbursement claim. Do not complete form SBA-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form SBA-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Leave blank.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form SBA-2, line (05), columns (d) through (h) to form SBA-1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580 as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Direct Costs, line (05)(f).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

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# MANDATED COSTS STANDARDS BASED ACCOUNTABILITY COMPONENT/ACTIVITY COST DETAIL

FORM SBA-2

| 224                          | COMPONENT/ACTIVITY COST DETAIL                                 |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|------------------------------|--|---------------------------------------|---------------------------------------|------------------------------------|-------------------------------------|-----------------------------|------------------------|---------------|--|--|--|
| (01) Claima                  | nt   |                                       |                                       | (02) Fis                           | scal Year                           |                             |                        |               |  |  |  |
| (03) Reimbu                  | ursable Components:  | Check or                              | nly one box                           | per form to                        | identify the                        | component                   | being clain            | ned.          |  |  |  |
| 1997 CCR                     | Submit DAASD   |                                       | Su                                    | bmit 96-97 SA                      | SSR                                 |                             |                        |               |  |  |  |
| 1998 CCR                     | Submit DAASD   |                                       | Su                                    | bmit 97-98 SA                      | SSR                                 |                             |                        |               |  |  |  |
| (04) Description of Expenses |  |                                       |                                       |                                    | Object Accounts                     |                             |                        |               |  |  |  |
| Classification               | (a) yee Names, Job s, Functions Performed cription of Expenses | (b)<br>Hourly<br>Rate or<br>Unit Cost | (c)<br>Hours<br>Worked or<br>Quantity | (d)<br>Salaries<br>and<br>Benefits | (e)<br>Materials<br>and<br>Supplies | (f)<br>Contract<br>Services | (g)<br>Fixed<br>Assets | (h)<br>Travel |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
|                              |  |                                       |                                       |                                    |                                     |                             |                        |               |  |  |  |
| (05) Total [                 | Subtotal   | ∃ Page:                               | of                                    |                                    |                                     |                             |                        |               |  |  |  |

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# STANDARDS BASED ACCOUNTABILITY COMPONENT/ACTIVITY COST DETAIL Instructions

FORM SBA-2

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form SBA-2 shall be prepared for each applicable component.
- Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

| Object/<br>Sub object                | Columns   |   |   |  |   |   |                                  |   |  |
|--------------------------------------|---|---|---|--|---|---|----------------------------------|---|--|
| Accounts                             | (a)   | (b)   | (c)                                     | (d)  | (e)                                       | (f)   | (g)                              | (h)   | documents<br>with the claim            |
| Salaries and<br>Benefits<br>Salaries | Employee<br>Name/Title  | Hourly<br>Rate                                  | Hours<br>Worked                         | Salaries =<br>Hourly Rate<br>x Hours<br>Worked |   |   |                                  |   |  |
| Benefits                             | Activities<br>Performed   | Benefit<br>Rate                                 |   | Benefits =<br>Benefit Rate<br>x Salaries       |   |   |                                  |   |  |
| Materials<br>and<br>Supplies         | Description<br>of<br>Supplies Used                                | Unit<br>Cost                                    | Quantity<br>Used                        |  | Cost =<br>Unit Cost<br>x Quantity<br>Used |   |                                  |   |  |
| Contract<br>Services                 | Name of<br>Contractor<br>Specific Tasks<br>Performed              | Hourly<br>Rate                                  | Hours Worked Inclusive Dates of Service |  |   | Cost= Hourly Rate x Hours Worked or Total Contract Cost |                                  |   | Copy of<br>Contract<br>and<br>Invoices |
| Fixed<br>Assets                      | Description of<br>Equipment<br>Purchased                          | Unit Cost                                       | Usage                                   |  |   |   | Cost=<br>Unit Cost<br>x<br>Usage |   |  |
| Travel                               | Purpose of Trip<br>Name and Title<br>Departure and<br>Return Date | Per Diem<br>Rate<br>Mileage Rate<br>Travel Cost | Days<br>Miles<br>Travel Mode            |  |   |   |                                  | Cost = Rate x<br>Days or Miles<br>or Total<br>Travel Cost |  |

(05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form SBA-1, block (04), columns (a) through (e) in the appropriate row.

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